

Name
in
Full

CERTIFICATE OF DEATH

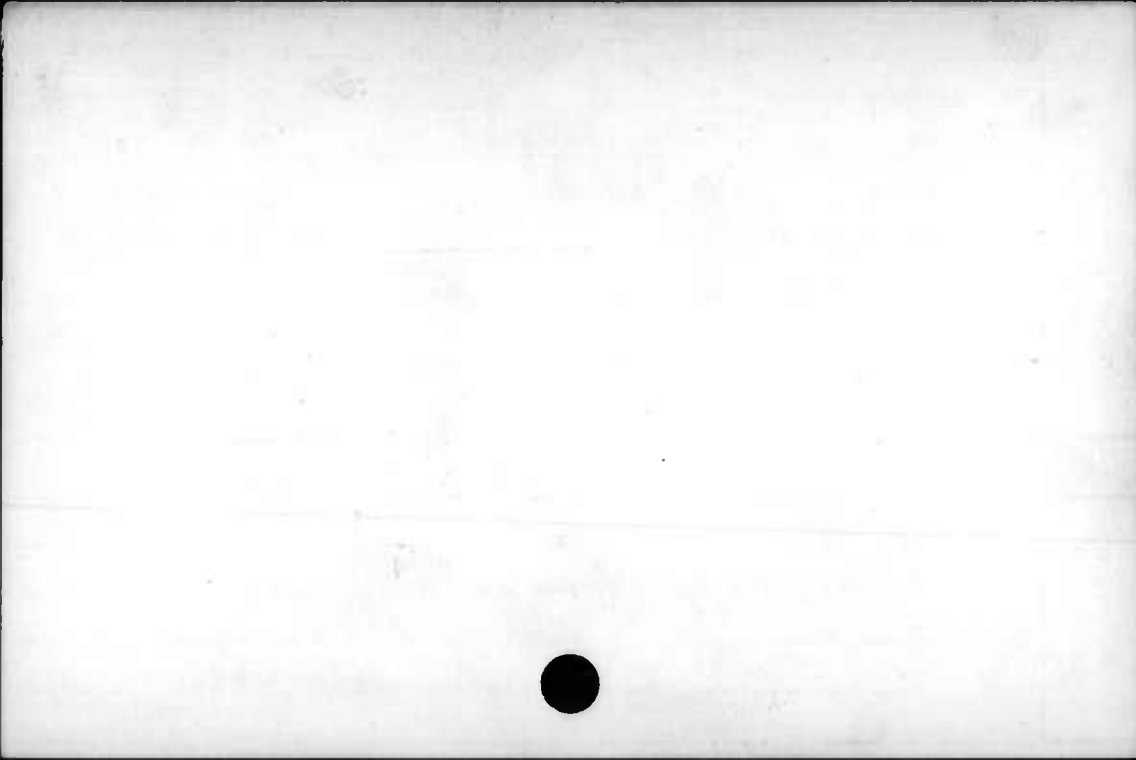
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Martha Anderson</i>		Town <i>Denton</i>		County <i>Caroline</i>		MARYLAND	
Died at <i>Denton</i>		Month <i>5</i>		Day <i>13</i>		Years <i>8</i>	
Date of death <i>1905</i>		Months		Days			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>William Anderson</i>				Father's Birthplace <i>MD</i>			
Mother's Maiden Name <i>Lizzie Dennis</i>				Mother's Birthplace <i>MD</i>			
Name of person giving Information <i>William Anderson</i>				How related to deceased <i>Father</i>			

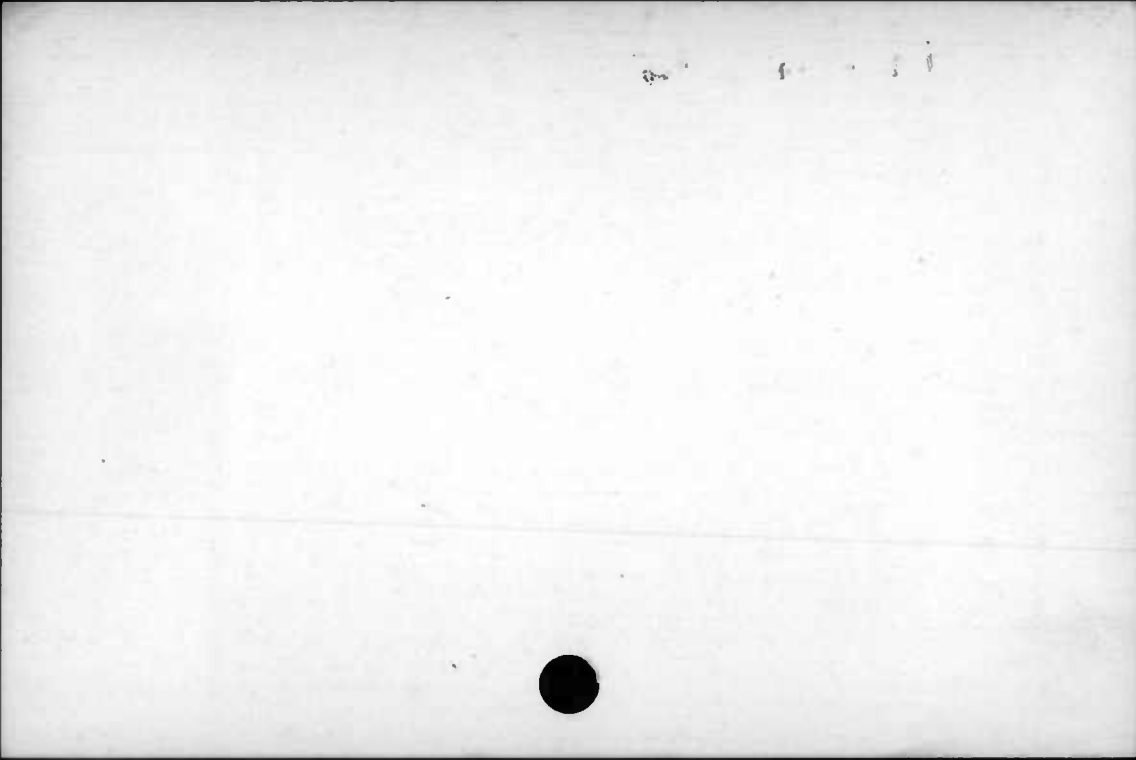
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Hemorrhage of Nose</i>	How long	<i>85</i>
Immediate	<i>Heart Failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. N. Michael M.D.</i>	
		Address <i>Denton MD</i>	
Accident or Suicide?			



Name in Full		Joseph Henry Baggs.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Willsboro.	County Caroline		MARYLAND		
	Date of death	1905	Month May	Day 36	Age 50	Years 10	Months 22.
	Sex	Male		Color or Race	White		
	Occupation	Travelling Salesman		Where Residing if not at place of death	Baltimore		
	Married, Single or Widowed	Divorced		Name of Wife or Husband	—		
	Father's Name	Andrew Baggs.		Father's Birthplace	Caroline Co.		
	Mother's Maiden Name	Susan Kirby		Mother's Birthplace	Kent Co.		
	Name of person giving information	John Baggs		How related to deceased	Brother		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Probably Tuberculosis			How long	Six weeks.	
	Immediate	Hemorrhage from lungs.			How long	10 minutes	
	Are the name, age, sex, color, date and place correctly given above?	Yes			Signature of Physician	Dr. F. Miller	
	Address	Willsboro.					
Accident or Suicide?							



Name
in
Full

Lucinda Summis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Belok Stanton</i>		County <i>Caroline</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>May</i>	Day <i>31</i>	Age <i>20</i>	Years <i>20</i>	Months <i>20</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Near Stanton</i>			
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband			
Father's Name <i>Charles A. Flowers</i>		Father's Birthplace <i>Stanton</i>			
Mother's Maiden Name <i>Ella Flowers</i>		Mother's Birthplace <i>Seaboard</i>			
Name of person giving Information		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Consumption</i>	How long	<i>Two months</i>
Immediate	<i>Consumption</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Chas. Handcastle M.D.</i>	
		Address <i>Stanton Maryland</i>	
Accident or Suicide?			

100

Name
in
Full

Dickerson (Mrs) m.d.p.

CERTIFICATE OF DEATH

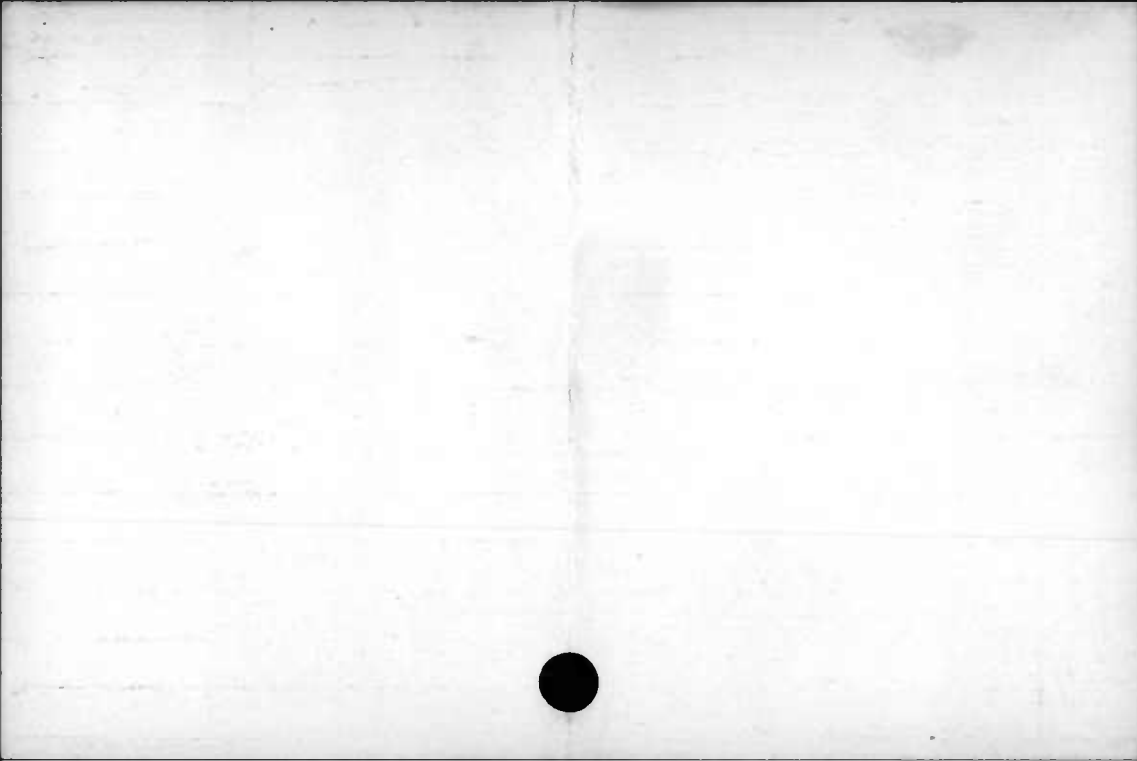
TO BE ANSWERED BY
NEAREST FRIEND

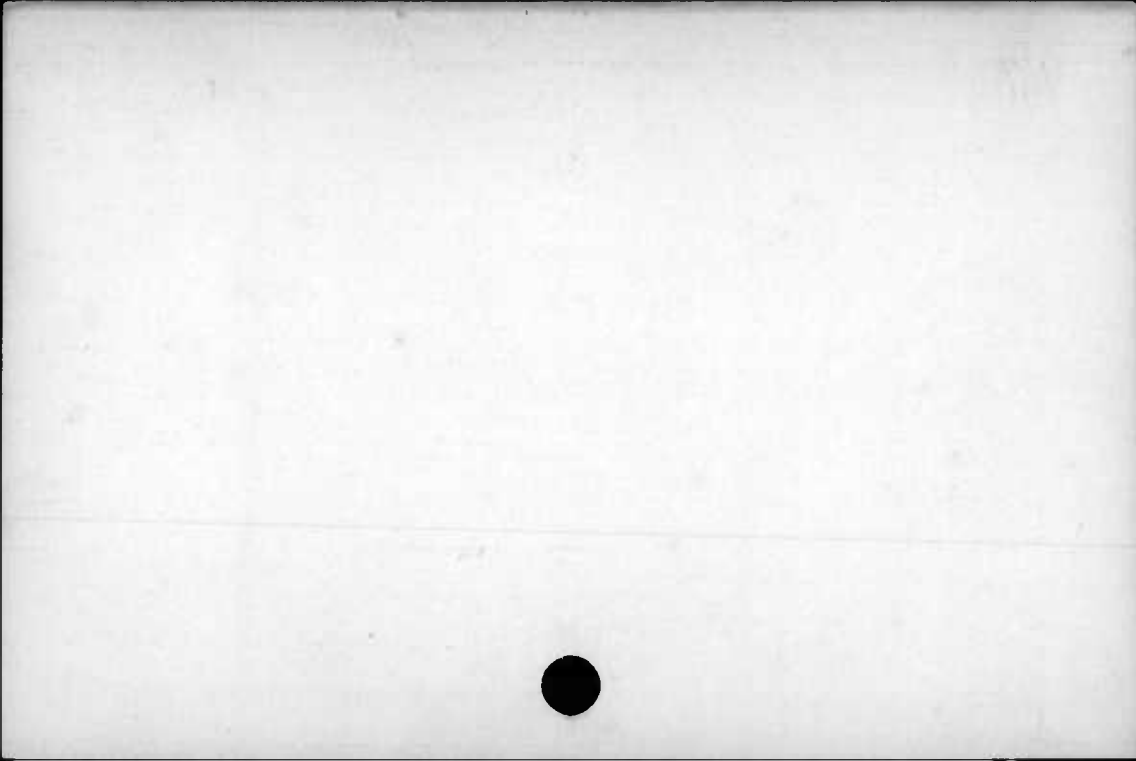
Died at <i>Federalsburg</i>		County <i>1</i>		State <i>MARYLAND</i>	
Date of death <i>1905</i>	Month <i>May</i>	Day <i>25</i>	Age <i>40</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>md</i>		
Occupation <i>housewife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>John H Dickerson</i>				
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

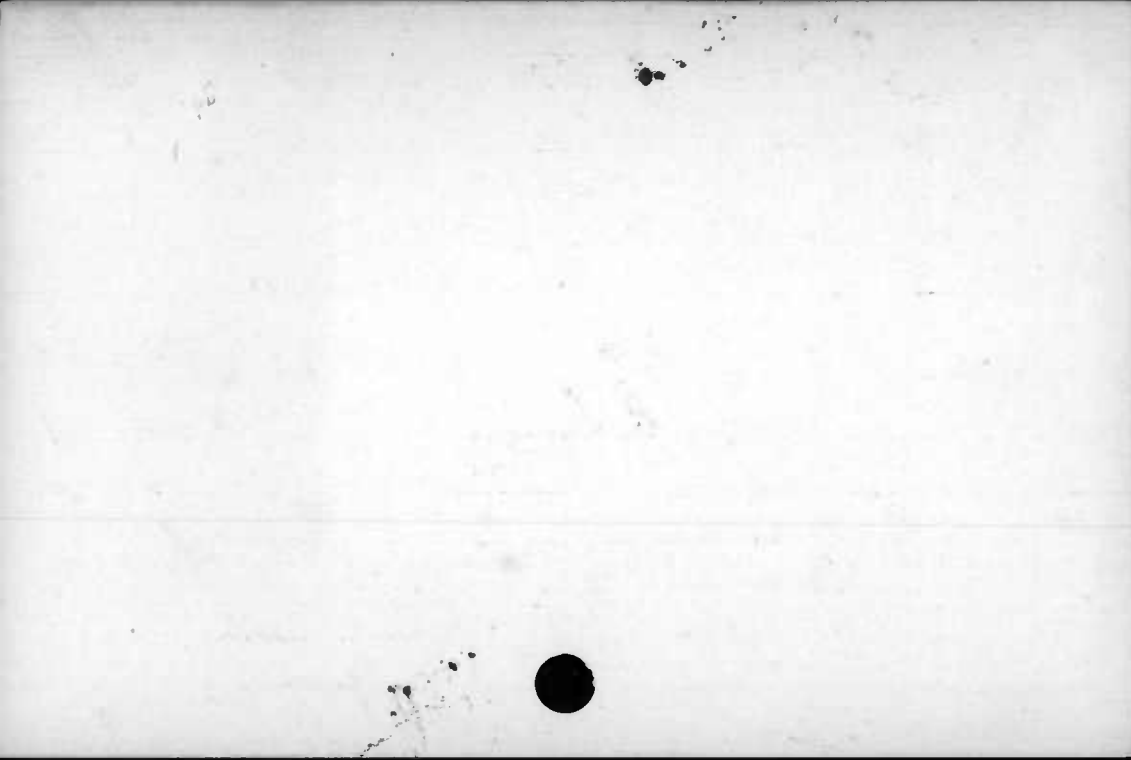
PHYSICIAN
OR CORONER

Primary <i>Bright's</i>	How long <i>3 weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R Kemp Jefferson</i>
	Address <i>Federalsburg Md</i>
Accident or Suicide?	





Name in Full <i>Isaac S. Mitchell</i>		TOWN <i>Hillsboro</i>		COUNTY <i>Caroline</i>		STATE <i>MARYLAND</i>	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Date of death		Age	Months	Days	
	<i>Hillsboro</i>	<i>1905 May 14</i>		<i>63</i>	<i>2</i>	<i>14</i>	
	Sex	Color or Race		Birth-place			
	<i>Male</i>	<i>White</i>		<i>Seelawane</i>			
	Occupation	Where Residing if not at place of death					
	<i>Farmer</i>						
Married, Single or Widowed	Name of Wife or Husband						
<i>Married</i>	<i>Martha. Mitchell</i>						
Father's Name	Father's Birthplace						
<i>Mitchell</i>	<i>Seelawane</i>						
Mother's Maiden Name	Mother's Birthplace						
<i>Unknown</i>	<i>Seelawane</i>						
Name of person giving information	How related to deceased						
<i>Isaac Mitchell</i>	<i>Son</i>						
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	How long					
	<i>Apoplexy</i>	<i>6 hours</i>					
	Immediate	How long					
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician					
	<i>yes</i>	<i>Wm F Miller</i>					
Address							
<i>Hillsboro</i>							
Accident or Suicide?							



Name
in
Full

Carrie E. Luce

5/15/11

CERTIFICATE OF DEATH

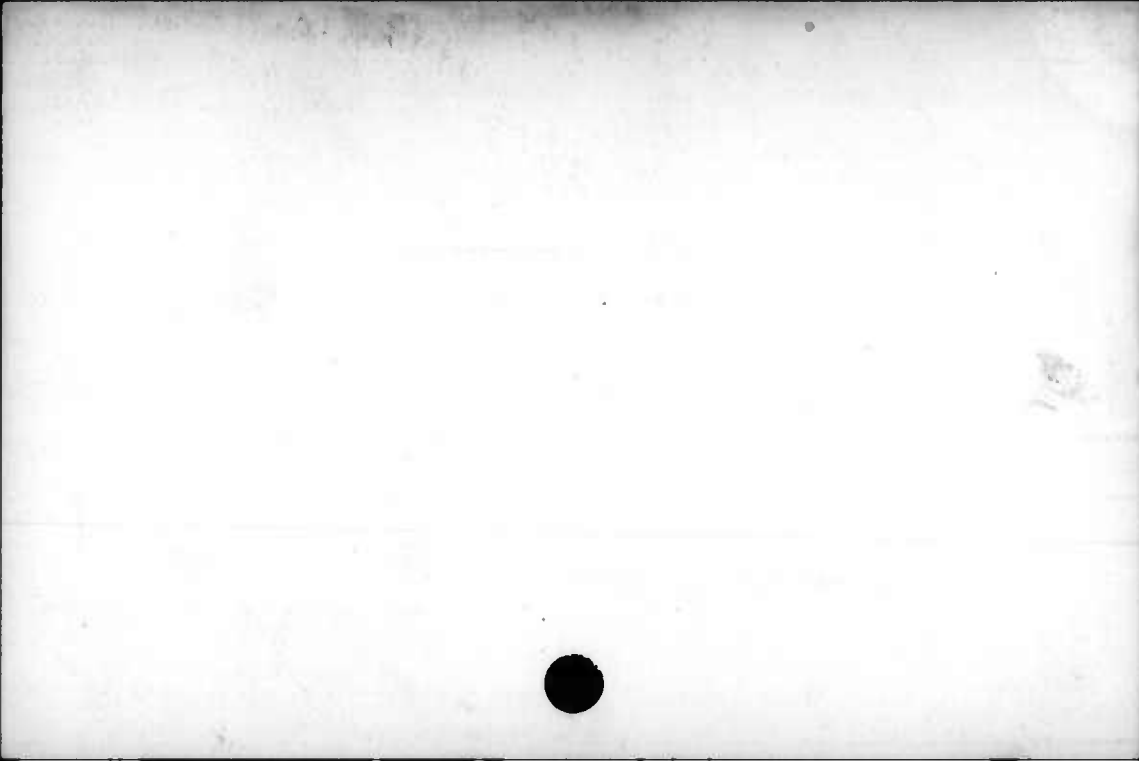
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Ridgely</u> Town		<u>Caroline</u> County		MARYLAND	
Date of death <u>1905</u>	Month <u>May</u>	Day <u>15</u>	Age <u>31</u>	Months <u>7</u>	Days
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>Centerville</u>		
Occupation <u>Housewife</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or <u>Widowed</u>	Name of Wife or Husband <u>Charles E. Luce</u>				
Father's Name <u>Richard Handy</u>	Father's Birthplace <u>Ind</u>		Mother's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Wilson</u>	Name of person giving Information <u>Charles E. Luce</u>		How related to deceased <u>Husband</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Eclampsia</u>	How long <u>10 days</u>
Immediate <u>Coma</u>	How long <u>12 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. C. Madara</u>
	Address <u>Ridgely Ind</u>
Accident or Suicide? <u>—</u>	



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *Harry J. Sparks*

Died at

Deaton Town*Caroline* County

MARYLAND

Date

of death *1905*

Month

5

Day

6

Age

Years

28

Months

Days

Sex

*Male*Color or
Race*White*Birth-
place*Mo.*

Occupation

*Tramman*Where Residing if not
at place of death*Long Point*Married, Single
or Widowed*Single*Name of Wife or
Husband*[Signature]*Father's
Name*James Sparks*Father's
Birthplace*La Co*Mother's
Maiden Name*Janie Seward*Mother's
Birthplace*La Co*Name of person giving
In formation*Carrie Godwin*How related
to deceased*Aunt*

CAUSES OF DEATH

Primary

Accident

How long

164

Immediate

Fracture of Skull

How long

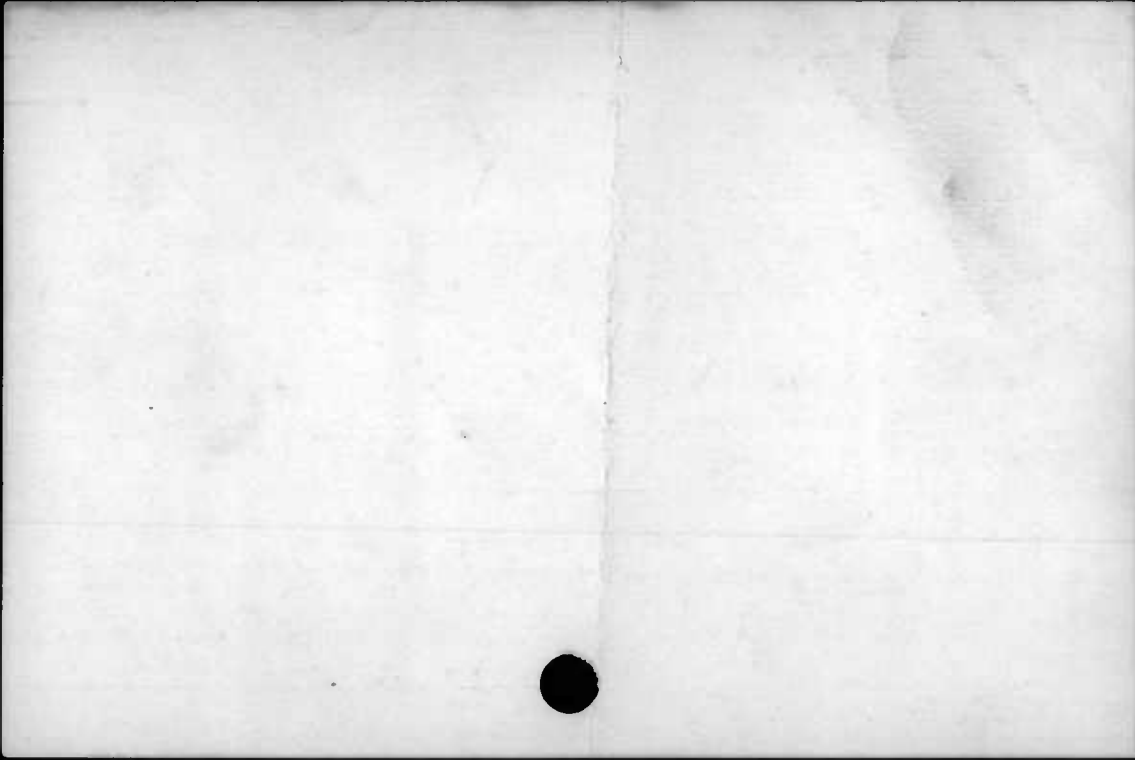
Are the name, age, sex, color, date
and place correctly given above?*Yes.*Signature of
Physician*J. N. Nichols M.D.*

Address

Deaton Mo.

Accident or Suicide?

*Accident*PHYSICIAN
OR CORONER



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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Jane Todd</i>		Town <i>Anders Town</i>		County <i>Coroline</i>		MARYLAND	
Died at <i>Anders Town</i>		Date of death <i>1905</i>		Month <i>May</i>		Day <i>31</i>	
Age <i>71</i>		Years <i>71</i>		Months <i>-</i>		Days <i>-</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Anders Town Md</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Thomas Todd</i>					
Father's Name <i>Michals</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Harriet Adams</i>		Mother's Birthplace <i>LI</i>					
Name of person giving information <i>Alwood Todd</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Complications</i>		How long <i>3 years</i>	
Immediate <i>Exhaustion</i>		How long <i>few hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Enoch George M.D.</i>	
		Address <i>Anders Town Coroline Co Md</i>	
Accident or Suicide?			

